## INDIANA STATE ETHICS COMMISSION



# ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING

State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

DEC 21 2018

Market .

FILED

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.						
Name (last)	Name (first)		Name (middle)			
Ritter	Mark					
Name of office or agency		Job title				
Indiana Underground Plant Protection Advisory Committee		Committee Member				
Address of office <i>(number and street)</i> 1433 Holey Moley Way		City Greenwoo	· •			
Office telephone number	Office e-mail address (required)		•	•		
( 317 ) 291-9460	maritter@marathonpetroleur	um.com				
Describe the conflict of interest:						
I am a member of the Underground Plant P	rotection Advisory Committee	(Advisory	Committee). By statut	e, I am appointed		
by the Governor and therefore, I am consider	red a "state appointee" for purp	oses of Inc	d. code 4-2-6-9. The A	dvisory Committee		
recommends penalties for excavation damage cases under Ind. code chapter 8-1-26. As per a formal advisory opinion						
of the Indiana State Ethics Commission, my participation in recommending a penalty constitutes a "decision or vote"						
for purposes of the conflict of interest rule	), 					
The majority of excavation damage cases	have an operator and excav	vator as pa	arties to the case. I w	ork for Marathon		
Pipeline, a gas operator. Therefore, a conflict of interest would arise if I were to participate in a "decision or vote"						
in a case in which Marathon Pipeline is a named party.						
				المنافقة على الله ومن فيت ليت عند إلى الله الله الله الله الله الله الله ال		
-						
	~					

AFFIRMATION  Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12 18 18	Describe the screen established by your ethics officer: <i>(Attach additional pages as needed.)</i> Whenever Marathon Pipeline is a named part to a case, I will abstain from the penalty recommendation pursuant to the				
AFFIRMATION  Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Printed full name of state officer, employee or special state appointee  Mark Ritter  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date staped (in) month, day, year)  Fined full man of of thics officer	Advisory Committee's Bylaws. I will not comment on the case and I will abstain from the discussion and recommendation.  My abstention will be recorded on the Case Recommendation Form.				
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3	-	•			
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3	,				
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3		•			
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3					
Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/3	AFFIDRATION	The state of the s			
knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)					
As appointing authority and ethics officer.  Signature of state officer, employee or special state appointee  Date signed (month, day, year)  12-18-18  Printed full name of state officer, employee or special state appointee  Mark Ritter  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/5  Printed full name of ethics officer					
Printed full name of state officer, employee or special state appointee  Mark Ritter  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/8	appointing authority and ethics officer.	, ,			
Printed full name of state officer, employee or special state appointee  Mark Ritter  FOR ETHICS OFFICER USE ONLY  Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  That It have  Printed full name of ethics officer	Signature of state officer, employee or special state appointee				
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  That It Thank  Printed full name of ethics officer	Printed full pame of state officer employee or special state appointee	12-18-18			
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/8	Mark Ritter	•			
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/8	EOR ETHICS OFFICER USE ONLY	'			
best of your knowledge and belief. You also attest that your agency has implemented the screen described above.  Signature of ethics officer  Date signed (month, day, year)  12/20/20/8  Printed full name of ethics officer		t it is true complete, and correct to the			
Signature of ethics officer  Date signed (month, day, year)  12/20/20/8  Printed full name of ethics officer					
Printed full name of ethics officer					
	Fut En Heline				

## INDIANA STATE ETHICS COMMISSION

## Cooper, Jennifer

From:

Heline, Beth E.

DEC 21 2018

Sent:

Thursday, December 20, 2018 11:11 AM

To:

Nossett, James (Michael)

Cc:

Jackson, Sharon; Huston, James (IURC); Heater, Ryan Poon, DeAnna

Subject:

**UPPAC Conflict of Interest Disclosures** 

Attachments:

2018-12-20 Ltr to Gov re UPPAC ethics disclosures.pdf; Ao No. 16-I-12 IURC (UPPAC).pdf; Miller 2018.pdf; Ritter 2018.pdf; Selking 2018.pdf; Sontag 2018.pdf;

Walters 2018.pdf; Warren 2018.pdf

Michael,

Please find attached the notice for Governor Holcomb regarding the conflict of interest disclosures for the members of the Indiana Underground Plant Protection Advisory Committee (UPPAC).

As you know, the UPPAC is required under Ind. Code § 4-2-6-9(b)(2)(D) to disclose to its appointing authority, Governor Holcomb, any conflict of interests regarding decisions and voting. Due to the nature of what the members review and the type of members required (i.e. members are statutorily required to be a part of the operator and excavator community and they review cases regarding operators and excavators), there are frequent conflicts. The UPPAC sought an opinion by the State Ethics Commission in 2016 (attached) regarding whether members must submit a disclosure every time there is a conflict, noting that "members would need to file disclosures for about 800 or more cases annually, or an average of more than 50 disclosures for one meeting, if they were required to file a form for every identified potential conflict of interests". Pg. 6. The State Ethics Commission stated, "[D]ue to the unusually high number of cases in which the members would have the same potential conflict of interests, the Advisory Committee members can file a Conflict of Interest - Decisions and Votes disclosure form with the OIG on an annual basis that details the ongoing potential conflict of interests, due to their employment with companies involved in cases before the Advisory Committee, and the screening mechanism implemented and overseen by the IURC to address the potential conflict of interests." Pg. 7. This year's financial interest disclosures for each UPPAC member are attached.

Please let me know if you have any questions or if you need any additional information.

Thank you, Beth

#### Beth E. Heline

**General Counsel** 

### **Indiana Utility Regulatory Commission**

101 W. Washington St., Suite 1500 East

Indianapolis, IN 46204

Direct line: (317) 232-2092 Fax #: (317) 232-6758 Email: bheline@urc.in.gov

Confidentiality Notice: This e-mail transmission may contain deliberative, confidential or other legally privileged information that is not subject to public disclosure under ind. Code § 5-14-3-4(b), and is intended only for the individual or entity named in the e-mail address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of this e-mail is strictly prohibited.

If you have received this e-mail transmission in error, please reply to the sender, so that the Indiana Utility Regulatory Commission's Office of General Counsel can arrange for proper delivery, and then please delete the message from your inbox. Thank you.

# STATE of INDIANA



INDIANA UTILITY REGULATORY COMMISSION 101 WEST WASHINGTON STREET, SUITE 1500 EAST INDIANAPOLIS, INDIANA 46204-3419 www.in.gov/iurc Office: (317) 232-2701 Facsimile: (317) 232-6758

Via email

December 20, 2018 INDIANA STATE ETHICS COMMISSION

The Honorable Eric J. Holcomb 200 West Washington Street Indianapolis, Indiana 46204

DEC 21 2018

Dear Governor Holcomb:

FILED

The Underground Plant Protection Advisory Committee (UPPAC) provides penalty recommendations to the Indiana Utility Regulatory Commission (IURC) regarding findings of violations of the excavation damages statute, Indiana Code chapter 8-1-26. UPPAC members are Governor appointees who are required by statute to be representatives of various stakeholders in this process, including utility and excavation companies who are often parties in excavation damages cases. In compliance with Indiana Code § 4-2-6-9, UPPAC members who are employees of a party in a case have abstained from the discussion and voting on penalty recommendations that could involve their employer. On June 9, 2016, the Indiana State Ethics Commission issued a formal advisory opinion (attached) stating that UPPAC members in this situation need to submit a conflict of interest disclosure statement on at least an annual basis, indicating the possible conflict regarding their employer and the screening process in place that requires UPPAC members to abstain from the discussion and vote on any penalty recommendation involving their employer.

In your role as the appointing authority for UPPAC, and in my role as the Ethics Officer for UPPAC, please consider this letter your official notification from UPPAC members Ralph Miller, Mark Ritter, Luke Selking, Scott Sontag, Blaine Walters, and Ben Warren, as required by Indiana Code § 4-2-6-9, of these possible conflicts of interest, with the attached disclosure statements, and the ongoing screening process of abstaining from any discussion or vote regarding penalty recommendations involving their employers.

Please have your staff contact me if you have any questions or if you require any additional information.

Sincerely

Beth E. Heline, General Counsel

Indiana Utility Regulatory Commission

enclosures (7)

cc: Michael Nossett Sharon Jackson